

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

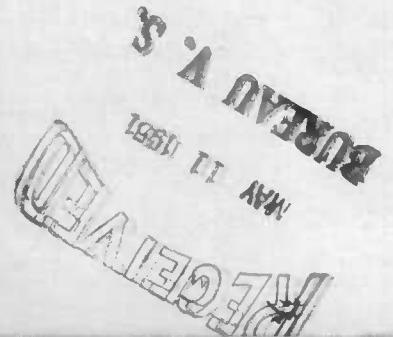
2411 N. Charles Street, Baltimore

04889

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett CITY (If outside corporate limits, write RURAL and OR give nearest town) Oakland, MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Rural			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kemphfer Nursing Home Oakland, Md.			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (First) Viola (Middle) Adela (Last) Bartholomew			4. DATE OF DEATH 5/3/1951 (Month) (Day) (Year) 19		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/23/1850	9. AGE last birthday 94	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY None		
11. BIRTHPLACE (State or foreign country) Fort Alleghany, Pa			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Walter Edgar Burr			14. MOTHER'S MAIDEN NAME Jane Hards.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		
17. INFORMANT AND ADDRESS Walter Bartholomew, Oakland, Md			18. MEDICAL CERTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Arteriosclerotic cardio vascular disease ? years Antecedent cause(s) (b) Chn. Bronchitis ? years Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 4/22/11 93d (c) Senility					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m. Not While At work	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11 May 50, to 3 May 51, that I last saw the deceased alive on 26 Apr., 1951, and that death occurred at 5:00 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Thomas J. Quigley, M.D. Oakland, Md. 3 May 51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/5/1951	NAME OF CEMETERY OR CREMATORIAL Ogletown Cemetery	LOCATION (City, town, or county) (State) Ogletown, Pa.	
DATE REC'D BY LOCAL REG. 5/5/51		REGISTRAR'S SIGNATURE Julie A. Power	24. FUNERAL DIRECTOR Murray S. Boldree,		ADDRESS Oakland, Md.



BUREAU # 8
MAY 11 1951

04890
166

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <u>Garrett</u> CITY <u>Oakland,</u> MARYLAND TOWN <u>Oakland, Maryland.</u> LENGTH OF STAY HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland, Maryland.</u> STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) <u>Caroline Harper</u>		(First) <u>Bartlett.</u>	(Middle) <u></u>	(Last)	4. DATE OF DEATH <u>Nov. 15</u>	(Month) <u>Nov.</u>	(Day) <u>15</u>	(Year) <u>1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11/18/1868</u>	9. AGE last birthday <u>82</u>	If under 1 year Months <u>0</u>	If under 24 hrs. Days <u>0</u>	If under 24 hrs. Hours <u>0</u>	Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Dependant</u>	11. BIRTHPLACE (State or foreign country) <u>Oakland, Maryland.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Dr. Edward H. Bartlett</u>		14. MOTHER'S MAIDEN NAME <u>Harriet Fairall.</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Arthur Hinebaugh, Oakland, Md.</u>					
18. MEDICAL CERTIFICATION								
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p><u>443 X</u> Immediate cause (a) <u>Chronic myocarditis</u> <u>94 a</u> Antecedent cause(s) (b) <u>Hypertension.</u> <u>94 a</u> Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <u>Arteriosclerosis</u></p>								
INTERVAL BETWEEN ONSET AND DEATH								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?				
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
<p>22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/>, accident <input type="checkbox"/>, suicide <input type="checkbox"/>, homicide <input type="checkbox"/>, undetermined <input type="checkbox"/>.</p> <p>SIGNATURE <u>R. J. Baumgartner MD.</u> (Degree or title) <u>ADDRESS</u> <u>Oakland Md.</u> DATE SIGNED <u>5/16/51</u></p>								
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/17/1951</u>		NAME OF CEMETERY OR CREMATORIUM <u>Episcopal Cemetery</u>		LOCATION (City, town, or county) <u>Oakland, Md.</u> (State)		
DATE REC'D BY LOCAL REG. <u>5/17/1951</u>		REG. <u>Julie Mawson</u>		REG. <u>Eugene D. Bolden</u>		REG. <u>Oakland, Md.</u>		
REG. <u>5/17/1951</u>		REG. <u>Julie Mawson</u>		REG. <u>Eugene D. Bolden</u>		REG. <u>Oakland, Md.</u>		
REG. <u>5/17/1951</u>		REG. <u>Julie Mawson</u>		REG. <u>Eugene D. Bolden</u>		REG. <u>Oakland, Md.</u>		

BUREAU V. S.
MAY 28 1951

SEARCHED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

04891

166

1. PLACE OF DEATH. COUNTY Garrett		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland		COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Swanton, Md. Rural		LENGTH OF STAY (in this place) Life time		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton, Md. Rural		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) Francis	(Middle)	(Last) Bittinger.	4. DATE OF DEATH	(Month) 5	(Day) 29-1951	(Year)
5. SEX	6. COLOR OR RACE Male	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH 3/5/1877	9. AGE last birthday 74	If under 1 year Months	If under 24 hrs. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of a Farm.		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Swanton, Maryland.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Peter Bittinger.		14. MOTHER'S MAIDEN NAME Sarah Broadwater.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. None		17. INFORMANT AND ADDRESS Frank Bittinger, Swanton, Maryland			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension & Paralysis.

444 X Antecedent cause(s)
Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **None**

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION**

| 20. AUTOPSY?

Yes No

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,
SUICIDE OF office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

(COUNTY) (STATE)

SUICIDE HOMICIDE	OF	office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at	Not While	HOW DID INJURY OCCUR?
OF INJURY	m.	Work <input type="checkbox"/> At work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from May 20th 1951, to June 28th 1950, that I last saw the deceased alive on May 20th 1950, and that death occurred at 6:30 P.M. from the causes and on the date stated above.
SIGNATURE *[Signature]* **(Degree or title)** *[Signature]* **ADDRESS** *[Address]* **DATE SIGNED** *[Date]*

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Burial	6/1/1951.	Lloyd Brenneman Cem.	Near Swanton, Md.	
DATE REC'D. BY LOCAL REC.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/1/51.		Julia A. Moran	Emory D. Bolden	Oakland, Md.

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BUREAU V. S.

JUN 13 1951

MARYLAND STATE DEPARTMENT OF HEALTH

04892

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural	
LENGTH OF STAY (in this place) Life time		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) GARFIELD		(Last) BOWERS	
4. DATE OF DEATH 5/8/1951	(Month) 19	(Day) If under 1 year	(Year) Months Days Hours Min.
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWER? Widower (Specify)	8. DATE OF BIRTH 3/11/1881
9. AGE last birthday 70 yrs.	10. KIND OF BUSINESS OR INDUSTRY Owner of Farm	11. BIRTHPLACE (State or foreign country) UNDERWOOD? MD.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN BOWERS		14. MOTHER'S MAIDEN NAME MARTHA SIGLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-01-1309A	
17. INFORMANT AND ADDRESS Stancie Bowers, Vindex, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause (a) <i>Coronary Heart Disease Sudden</i></p> <p>523.0 Antecedent cause(s) (b) <i>Silicosis (not tbc.)</i> INTERVAL BETWEEN ONSET AND DEATH <i>20 years</i></p> <p>Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 94a (c)</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> How did injury occur?	
22. I hereby certify that I attended the deceased from 3/30 , 19 48 , to 8 May , 19 51 , that I last saw the deceased alive on 8 May , 19 51 , and that death occurred at 10 A.m. , from the causes and on the date stated above.			
SIGNATURE <i>E. Maurice</i>		ADDRESS <i>Oakland Rd</i>	DATE SIGNED 9 May 51
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/11/1951	
DATE REC'D BY LOCAL REG. 5/11/51		NAME OF CEMETERY OR CREMATORIAL Deer Park Cemetery	LOCATION (City, town, or county) Deer Park, Md.
REG. 5/11/51		REGISTRAR'S SIGNATURE <i>Julia A. Moran</i>	FUNERAL DIRECTOR Eugene D. Bolder
		ADDRESS Oakland, Md.	

RECEIVED
BUREAU V. S.

MAY 28 1951

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04893

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural LENGTH OF STAY (In this place) Life time		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Rural STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			

3. NAME OF DECEASED (Type or Print)	(First) Peter	(Middle) Johnson	(Last) Bowman.
4. DATE OF DEATH May 30	(Month)	(Day)	(Year) 1917

5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/11/1873	9. AGE last birthday 78	If under 1 year Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No occupation.	10b. KIND OF BUSINESS OR INDUSTRY Invalid	11. BIRTHPLACE (State or foreign country) Garrett County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Mose Bowman	14. MOTHER'S MAIDEN NAME Susan Bowser.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Albert Bowman, Oakland, Md. Rural
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18. MEDICAL CERTIFICATION		
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I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH 3 days
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49IX Immediate cause (a) Broncho Anemonia

107 Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)	
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH. INJURY	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
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22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
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SIGNATURE <i>E.J. Bannister</i>	(Degree or title) <i>A.D.</i>	ADDRESS <i>Oakland Md.</i>	DATE SIGNED <i>5/30/51</i>
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23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/2/1951	NAME OF CEMETERY OR CREMATORIUM Thayerville Cemetery	LOCATION (City, town, or county) Thayerville, Md.	(State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE O.R.C. <i>Julia J. Parrot</i>	24. FUNERAL DIRECTOR ADDRESS <i>E. Murray D. Bolding Oakland, Md.</i>
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RECEIVED
BUREAU V. S.

JUN 13 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04894

CERTIFICATE OF DEATH

Reg. Dist. No.

166

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE West Virginia COUNTY Taylor	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Mt. Lake Park		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grafton	
LENGTH OF STAY (in this place) 8 months		STREET ADDRESS (If rural, give location) Maple Ave.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home			
3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) B.	(Last) Campbell
4. DATE OF DEATH	(Month) May	(Day) 3,	(Year) 1951
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 5/12/1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Boiler Maker	10b. KIND OF BUSINESS OR INDUSTRY B&O Rail Road	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Unknown George Campbell	14. MOTHER'S MAIDEN NAME Unknown Elizabeth Love		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS R. L. Campbell Grafton, W. Va.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause Arterio - sclerotic cardio - Antecedent cause(s) vascular disease Disease or conditions, if any, giving rise to the above cause chronic Bronchitis stating the underlying cause last Senility</p>			
<p>422.1 (a) Arterio - sclerotic cardio - 932 (b) vascular disease (c) chronic Bronchitis</p>			
<p>? years ? years</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 27 Sept. 1950 , to 3 May 1951 , that I last saw the deceased alive on 2 May 1951 , and that death occurred at 3:30 A.m. , from the causes and on the date stated above.			
SIGNATURE	(Degree or title) ADDRESS		DATE SIGNED 3 May 51
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/6/1951	NAME OF CEMETERY OR CREMATORIAL Bluemont Cemetery	LOCATION (City, town, or county) (State) Grafton, W. Va.
DATE REC'D BY LOCAL REG. May 4/5	REGISTRATION'S SIGNATURE Julia O. Rowan	24. FUNERAL DIRECTOR ADDRESS A. H. Knotts Grafton, W. Va.	
<p><i>Thomas & Lushy n. d. Oakland, Md.</i></p> <p><i>Herbert C. Lightfoot, Md. 500516</i></p>			

MARGIN RESERVED FOR BINDING

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RECEIVED

BUREAU V.I.S.

MARYLAND STATE DEPARTMENT OF HEALTH

04895

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett		Mt. Lake Park, MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland, COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place) 15 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Archibald	(Middle)	(Last) Cosner	4. DATE OF DEATH	(Month) 5/18/1951 (Day) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/15/1867	9. AGE last birthday 83 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bismark, W. Va.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME John Cosner		14. MOTHER'S MAIDEN NAME Unice Catherine Idlemen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Loren W. Cosner, Bayard, W. Va		

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aponplexia.

Antecedent cause(s) (b) Hypertension

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) Rebland Md.	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 1st, 1951, to May 18th 1951, that I last saw the deceased

alive on May 17th, 1951, and that death occurred at 5 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/20/1951	NAME OF CEMETERY OR CREMATORIAL Locust Grove Cemetery	LOCATION (City, town, or county) Bismark, W. Va.	(State)
DATE REC'D BY LOCAL REG. 5/20/51	REGISTRAR'S SIGNATURE Julie & Power	FUNERAL DIRECTOR Eugene D. Bolden	ADDRESS Oakland, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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REGIME
BUREAU Y.S.
MAY 28 1951

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04896

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY GARRETT		2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN OAKLAND		LENGTH OF STAY (in this place) 15 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND	
3. NAME OF DECEASED (Type or Print) NELLIE		4. DATE OF DEATH MAY 20 1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. SINGLE, MARRIED, SHIPPED, DIVORCED. (Specify) MARRIED		8. DATE OF BIRTH 8/14/1892	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		9. AGE last birthday 58 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME SMITH, DANIEL MARKLEY		14. MOTHER'S MAIDEN NAME COOPER, PHEBE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS PIFER, FRANK -		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Heart Failure		2 days	
Antecedent cause(s) (b) Bilat Bronch - Pneumonia		15 days	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion - left			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1, 1951, to May 20, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 5:18 A.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Thomas A. Lusby, M.D. Oakland, Md. 5/20/51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/22/1951	
NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery		LOCATION (City, town, or county) (State) Oakland, Md.	
DATE REC'D BY LOCAL REG. 5/23/51		REGISTRAR'S SIGNATURE Julia G. Cowan	
24. FUNERAL DIRECTOR		ADDRESS Ensay D. Golden, Oakland, Md.	

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JUN 13 1951

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04897

Reg. Dist. No. 166

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Mt. Lake Park,		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Mt. Lake Park,		
LENGTH OF STAY 9 yrs.		STREET ADDRESS D. Street		
HOSPITAL OR INSTITUTION OR STREET ADDRESS D. Street		(If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) Ray	(Middle) Cookman	(Last) Friend Sr.	
4. DATE OF DEATH	(Month) May	(Day) 25	(Year) 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/2/1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer	10b. KIND OF BUSINESS OR INDUSTRY Rail Road	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Henry E. Friend	14. MOTHER'S MAIDEN NAME Sarah Blackburn	18. MEDICAL CERTIFICATION <i>Congestive Heart Failure</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. Spanish American 232-12-8177	17. INFORMANT AND ADDRESS Mrs. Sara Jane Friend Mt. Lake Park	MD. INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4341 Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 61 (a) _____ (b) _____ (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus 20 yrs.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/3 , 1947, to 5/25 , 1951, that I last saw the deceased alive on 6/25 , 1951, and that death occurred at 9:00 P.m. , from the causes and on the date stated above. SIGNATURE <i>B. Summerhier Jr.</i> ADDRESS <i>Oakland Rd</i> DATE SIGNED 5/25/51				
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/28/1951	NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery	LOCATION (City, town, or county) Oakland, Md.	(State)
DATE REC'D BY LOCAL REG. May 28/51	REGISTRAR'S SIGNATURE <i>Julia Gowan Herbert C. Leighton</i>	24. FUNERAL DIRECTOR ADDRESS Oakland, Md.		

RECEIVED

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BUREAU K-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04898

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) Ohio		Jefferson	
CITY (If outside corporate limits, write RURAL and give nearest town) Town Accident		LENGTH OF STAY 2 hrs.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Steubenville		(If rural, give location) STREET ADDRESS 1923 Columbia Ave.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1/4 Mi. North Accident							
3. NAME OF DECEASED (Type or Print)	(First) Dean	(Middle) Wilson	(Last) Ginger	4. DATE OF DEATH May 1951	(Month) May	(Day) 1	(Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/2/1889	9. AGE last birthday 61	If under 1 year Months 61 yrs.	If under 24 hrs. Days 0 days	If under 24 hrs. Hours 0 hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Broker		10b. KIND OF BUSINESS OR Lumber		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Moses Ginger		14. MOTHER'S MAIDEN NAME Sarah Castner					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Blaine Friend		Friendsville, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)

Coronary Rclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause

stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 5/19/1951	NAME OF CEMETERY OR CREMATORIAL Union Cemetery	LOCATION (City, town, or county) Steubenville, Ohio	(State)
DATE REC'D BY LOCAL REG.	REG. 5/19/51	REGISTRAR'S SIGNATURE Julia D. Brown	FUNERAL DIRECTOR Herbert C. Leighton	ADDRESS Oakland, Md.

RECEIVED
BUREAU V. S.
MAY 28 1951

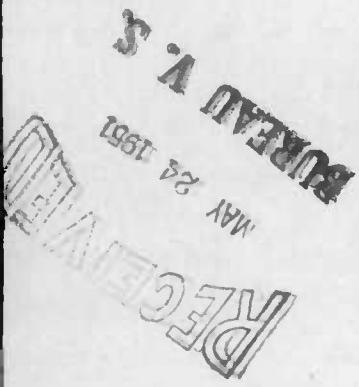
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 04899
161

1. PLACE OF DEATH- CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
COUNTY <u>GARRETT</u> MARYLAND <u>FRIENDSVILLE</u>		STATE <u>Mary Land</u> COUNTY <u>GARRETT</u> STREET <u>FRIENDSVILLE</u> ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH <u>MAY 20 1951</u>	
(First) <u>Frank</u>		(Middle) <u>Clover</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10/15/14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Doctor of Medicine</u>	
11. BIRTHPLACE (State or foreign country) <u>Gray, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>John Thomas</u>		14. MOTHER'S MAIDEN NAME <u>Florence VANTANT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs H.F. Clover Friendsville Md</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 716.0 Immediate cause (a) <u>Accidental Asphyxiation - Burn of fire</u> 181 Antecedent cause(s) (b) <u>Chemical & toxicological examinations</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Burn + fluid review present</u>			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> CONTRIBUTING <input type="checkbox"/> OF CAUSE OF DEATH.		PLACE (Home, farm, factory, street, etc.) <u>home</u> (CITY OR TOWN) <u>FRIENDSVILLE</u> (COUNTY) <u>GARRETT</u> (STATE) <u>Md</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 20 - 1951</u>		INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? <u>Bed caught on fire</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>S. J. Baumgartner</u>		(Degree or title) <u>MD</u> ADDRESS <u>Oakland Md -</u> DATE SIGNED <u>5/21/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 23, 1951</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Covington, Va.</u> (State) <u>Cooper</u>	
DATE REC'D BY LOCAL REG. <u>May 21</u>		REGISTRAR'S SIGNATURE <u>Mrs. Kathryn Eite</u> FUNERAL DIRECTOR <u>Eugene D. Borden, Oakland, Md</u> ADDRESS <u>075868</u>	



SUPPLY V/S

04900

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Oakland		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Laura	(Middle) Temperance	(Last) Haines
4. DATE OF DEATH May, 5th, 1951	(Month) 19	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH May, 13, 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired wife	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 84 83 yrs.	If under 1 year Months Days Hours Min.
13. FATHER'S NAME Isaac Cormany	14. MOTHER'S MAIDEN NAME Frances Rebecca Moreland	11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. INFORMANT Charles Haines-Son Deer Park Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause 916.0	Toxemia -reaction		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 181	(a) 2nd & 3rd degree burns of face, both arms (c) Chest and thigh.		
5 days			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY HOME	(CITY OR TOWN) Deer Park	(COUNTY) Garrett (STATE) Maryland.
TIME (Month) (Day) (Year) OF INJURY 4/29/51	INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>	HOW DID INJURY OCCUR? Clothes caught while working over stove.	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE E. J. Baumgartner M.D.	(Degree or title) ADDRESS Oakland Md.	DATE SIGNED 5/5/51	
23. BURIAL, CREMATION <input checked="" type="checkbox"/> Cremation	DATE THEREOF 5-7-1951	NAME OF CEMETERY OR CREMATORIAL Deer Park Cemetery	LOCATION (City, town, or county) Deer Park Md. (State)
DATE REC'D BY LOCAL REG. 5-8-1951	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR Emroy D. Bolden	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Rollin
Please get new copy. See many errors in
this type.

Copy is at p. 10

BUREAU Y.S.
MAY 30 1962

DEO

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

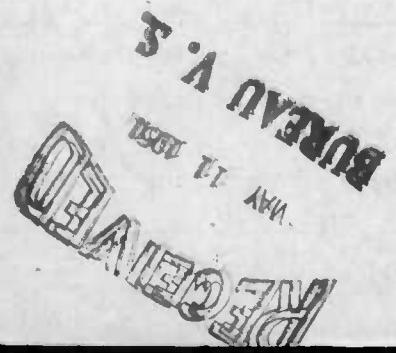
2411 N. Charles Street, Baltimore

04901
166

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY GARRETT			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN OAKLAND			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co. Memorial Hosp.			STREET ADDRESS SECOND STREET (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) JOSEPH	(Middle) E.	(Last) HARNED	4. DATE OF DEATH	(Month) MAY (Year) 1951
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 12/1/1870	9. AGE last birthday 80 yrs.	11 under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST			10b. KIND OF BUSINESS OR INDUSTRY PHARMACY		
13. FATHER'S NAME HARNED, JOHN			11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME DAVIS, ANNA		
17. INFORMANT AND ADDRESS HAROLD HARNED - SON - OAKLAND, MD.			18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Coronary Occlusion Antecedent cause(s) (b) Arteriosclerosis Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 920.1 94a (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 20 days		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 15, 1950, to May 5, 1951, that I last saw the deceased alive on May 5, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above. SIGNATURE S. J. Baumgartner M.D. ADDRESS Oakland Rd. DATE SIGNED 5/5/51 Buriat					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/8/1951		NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Julia A. Brown		24. FUNERAL DIRECTOR Herbert C. Leighton	
VS. A15				ADDRESS Oakland, Md.	



MAY 11 1968

BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

04902

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Rural Gorman			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gorman		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Mi. No. Gorman			STREET ADDRESS 2 Mi. No. Gorman		
3. NAME OF DECEASED (Type or Print) Bessie			(First) Bessie (Middle) Fitzwater (Last) Harvey	4. DATE OF DEATH May 30, 1951	(Month) May (Day) 30 (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/29/1883	9. AGE last birthday yrs. 67	If under 1 year Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most recent working life, even if retired) House Wife			10b. KIND OF BUSINESS OR OCCUPATION Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Albert Fitzwater			14. MOTHER'S MAIDEN NAME Florence White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. -----	17. INFORMANT AND ADDRESS Russell W. Harvey Gormania, W. Va.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN
ONSET AND DEATHImmediate cause
156.1(a) **Obstructive Jaundice & Ascites****8 mo**

Antecedent cause(s)

(b) **Carcinoma of Liver****?**Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last
46 f(b) **Sclerotic Heart Disease****4 yrs**(c) **Diabetes Mellitus****3 yrs.**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

March 51**LARGE Solitary Gall Stone**Yes No 21. ACCIDENT
SUICIDE
HOMICIDE
(Specify)PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF
INJURYINJURY OCCURRED
While at Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-12**, 19**50**, to **5-18**, 19**51**, that I last saw the deceasedalive on **5-18**, 19**51**, and that death occurred at **10:45 A.m.**, from the causes and on the date stated above.
SIGNATURE *Jessie J. Denner, Jr.* (Degree or title) **ADDRESS** *58 2nd St Oakl. Md* DATE SIGNED **6-2-51**23. BURIAL, CREMATION
REMOVAL (Specify)DATE THEREOF **6/2/1951** NAME OF CEMETERY OR CREMATORIAL **Oak Grove Cemetery** LOCATION (City, town, or county) **near Gorman, Md.** (State)

DATE REC'D BY LOCAL REG.

REG. **6/2/1951** REGISTRAR'S SIGNATURE *Jessie J. Denner, Jr.*

24. FUNERAL DIRECTOR

ADDRESS

Julia Rowan Herbert C. Leighton **Oakland, Md.**

RECEIVED

LIBRARY A S

JUN 13 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04903

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY GARRETT MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE WEST VIRGINIA COUNTY Preston, CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEADMINE Terra Alta, Rt. 3 HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL STREET ADDRESS RURAL (If rural, give location)		
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)			4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE	8. DATE OF BIRTH 5/27/51	9. AGE last birthday yrs. 14	If under 1 year Months 14 Days 15 Hours 14 Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME KELLER, HARRY EDWARD			14. MOTHER'S MAIDEN NAME MULLENAX, LEONA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT AND ADDRESS HARRY E. KELLER, ROUTE 3 TERRA ALTA, W.VA.			18. MEDICAL CERTIFICATION <i>Prematurity 27 weeks gestation</i>		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 776X Immediate cause (a) _____ 159 Antecedent cause(s) _____ Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) _____ 159 (c) _____					
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY While at Work m. Not While At work		(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from 27 May, 1951, to 27 May, 1951, that I last saw the deceased alive on 27 May, 1951, and that death occurred at 5:45 P.M., from the causes and on the date stated above. SIGNATURE John B. Harley, M.D. ADDRESS Terra Alta, W. Va. DATE SIGNED 27 May 51					
23. BURIAL, CREMATION REMOVAL (Specify) Removal		DATE THEREOF May 28, 1951		NAME OF CEMETERY OR CREMATORIAL Terra Alta Cemetery	
LOCATION (City, town, or county) Terra Alta (State)		24. FUNERAL DIRECTOR REG. ADDRESS			
DATE REC'D BY LOCAL REG. ADDRESS		REG. ADDRESS			
May 28/51		Julia A. Rowan			
90527199		27V			

REF ID: A6513

JUN 4 1957
FBI - BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04904

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Mt. Lake Park			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park		
LENGTH OF STAY (in this place) 3 Months			STREET ADDRESS Loch Lynn		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home					
3. NAME OF DECEASED (Type or Print)	(First) Andrew	(Middle) Jackson	(Last) Lee	4. DATE OF DEATH	(Month) May (Year) 1951
5. SEX	6. COLOR OR RACE Male	7. SINGLE, MARRIED, WIDOWED (Specify) Widowed	8. DATE OF BIRTH 9/6/1860	9. AGE last birthday 90 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Robert Lee			14. MOTHER'S MAIDEN NAME Christie E. Waltz		
15. WAS DECREASER EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. -----		
17. INFORMANT AND ADDRESS Robert H. Lee Deer Park, Md.					
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p>Immediate cause (a) Heart failure Antecedent cause(s) (b) Ch. Bronchitis <small>610X Diseases or conditions, if any, giving rise to the above cause 106b stating the underlying cause last</small> (c) Benostatic Hypertrophy <small>? days ? years ? years</small> </p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY			(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>			HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 15 March 1951 , to 15 May 1951 , that I last saw the deceased alive on 14 May 1951 , and that death occurred at 11:30 P.m. , from the causes and on the date stated above. SIGNATURE (Degree or title) Thomas J. Quisenberry M.D. ADDRESS Oakland, Md. DATE SIGNED May 18, 1951					
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/18/1951		NAME OF CEMETERY OR CREMATORIAL Pleasant Valley Cem.		LOCATION (City, town, or county) (State) Garrett County, Md.
DATE REC'D BY LOCAL REG. 5/18/51	REGISTRAR'S SIGNATURE Julia A. Rowan		24. FUNERAL DIRECTOR Herbert C. Leighton		ADDRESS Oakland, Md.

RECEIVED
BUREAU Y. S.

MAY 28 1951

Dr. Baumgartner
(Mrs. Baumgartner)

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04905

Reg. Dist. No.

1. PLACE OF DEATH. COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE WEST VIRGINIA MD. COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GORMANIA Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL		STREET ADDRESS 4 Mi. West Gormanria	
3. NAME OF DECEASED (First) LAURA (Middle) ELLEN (Last) LILLER		4. DATE OF DEATH MAY 1 1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH JUNE 12, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME CHIS BACHTEL		14. MOTHER'S MAIDEN NAME Sarah Ellen Winters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----	
17. INFORMANT James A. Liller		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH 15 hr	
Immediate cause 33IX		(a) <i>Cerebral Vasculitis Accident</i>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a		(b) <i>Hypertension</i>	
		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>Tumor Right Renal Glan. Probably not malignant</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION (5/17/51) <input checked="" type="checkbox"/> AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/> at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		SIGNATURE <i>S. J. Baumgartner</i> (Degree or title) ADDRESS <i>Oakland, Md.</i> DATE SIGNED <i>5/1/51</i>	
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>5/4/1951</i> NAME OF CEMETERY OR CREMATORIUM <i>Eglon Cemetery</i> LOCATION (City, town, or county) <i>Eglon, W. Va.</i> (State)	
DATE REC'D BY LOCAL REG. <i>5/28/1951</i>		REGISTRAR'S SIGNATURE <i>Julia D. Howson</i> 24. FUNERAL DIRECTOR ADDRESS <i>Herbert C. Leighlon Oakland, Md.</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WELGEVALL

BUREAU K-3
MAY 11 1961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04906

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY GARRETT			2. USUAL RESIDENCE (HOME) OF DECEASED STATE WEST VIRGINIA		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN OAKLAND			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ERWIN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL			STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)	4. DATE OF DEATH		(Month) (Day) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	LIPSCOMB	MAY 27	1951
MALE	WHITE	SINGLE	MAY 26, 1951	AGE last birthday yrs. Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
10b. KIND OF BUSINESS OR INDUSTRY			WEST VIRGINIA		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
LIPSCOMB ALBERT BERT			BCHAN RUBY LUNDY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT AND ADDRESS		
			ALBERT LIPSCOMB - FATHER - ERWIN, W. VA.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause

*Premature Infant*INTERVAL BETWEEN
ONSET AND DEATH

11 hrs.

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
m.				

22. I hereby certify that I attended the deceased from May 26, 1951, to May 27, 1951, that I last saw the deceased

alive on May 27, 1951, and that death occurred at 5:50 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL Facilities	LOCATION (City, town, or county) (State)
Burial	5/29/1951	Fairview Cemetery	St. George, W. Va.
DATE REC'D. BY LOCAL REGISTRY	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 29/51	<i>Julia Mowen</i>	<i>Eugene D. Bolden</i>	Oakland, Md.
9/5/261499			

REFEEIVED

FEBRUARY 4 1951

FEDERAL BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04907

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Rural Oakland, 1 year TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of O. S. Beckman				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Garrett CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park, STREET ADDRESS 6 Mi. So. Deer Park, Md. <small>(If rural, give location)</small>						
3. NAME OF DECEASED <small>(Type or Print)</small> Rose Anna (Tasker)		(First) (Middle) (Last) Paugh		4. DATE OF DEATH May 26, 1951 <small>(Month) (Day) (Year)</small> <small>19</small>						
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 2/19/1868	9. AGE last birthday 83 yrs.	If under 1 year <small>Months Days Hours Min.</small>	10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired). House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Jermiah Tasker				14. MOTHER'S MAIDEN NAME Ella E. White						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <small>(Yes, no, or unknown) (If yes, give war or dates of service)</small> No		16. SOCIAL SECURITY NO. <small>-----</small>		17. INFORMANT AND ADDRESS Mrs. O. S. Beckman R. D. Oakland,						
18. MEDICAL CERTIFICATION <small>MD.</small> I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Dia etes 15 years Antecedent cause(s) Both legs Amputated years Almost Blind <small>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</small> Hardened Arteries, some Paralysis								<small>INTERVAL BETWEEN ONSET AND DEATH</small>		
II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small>								20. AUTOPSY? <small>Yes <input type="checkbox"/> No <input type="checkbox"/></small>		
19a. DATE OF OPERATION <small>no leg amputated about 15 yrs</small>		19b. MAJOR FINDINGS OF OPERATION <small>injury</small>								
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY)		(STATE)		
TIME (Month) (Day) (Year) (Hour) <small>of injury</small> m.		INJURY OCCURRED <small>While at Work At work</small>		HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from years <small>5 P.M. 26 51</small> alive on , 19 , and that death occurred at 7:00 A.m. , from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED <small>Oakland</small> Garrett Maryland										
23. BURIAL, CREMATION OR REMOVAL (Specify) Burial		DATE THEREOF 5/28/1951		NAME OF CEMETERY OR CREMATORIUM Oakland Cemetery		LOCATION (City, town, or county) (State) Oakland, Md.				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS <small>Oakland, Md.</small>				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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JUN 4 1951

BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04908

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Rural			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
3. NAME OF DECEASED (First) (Type or Print) Charles			4. DATE OF DEATH 5/16/1951 (Month) (Day) (Year) 19		
(Middle) Elliott					
(Last) Queer					
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/14/1888	9. AGE last birthday 62	If under 1 year Months Days Hours yrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman at Milk station			10b. KIND OF BUSINESS OR INDUSTRY Owner of Farm		
13. FATHER'S NAME William Queer.			11. BIRTHPLACE (State or foreign country) Henry, West Va.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
16. SOCIAL SECURITY NO. 213-05-4099			17. INFORMANT AND ADDRESS Mrs. Charles Queer, Mt. Lake Park		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<p><i>445X</i></p> <p>Immediate cause (a) <i>Cerebral Hemorrhage</i> 5 hrs</p> <p>Antecedent cause(s) (b) <i>Dysentery</i> 5 yrs</p> <p>Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) <i>Hyper tension</i></p>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/29/46</i> , 19....., to <i>5/16/51</i> , 19....., that I last saw the deceased alive on <i>4/15/51</i> , 19....., and that death occurred at <i>1145</i> m., from the causes and on the date stated above. SIGNATURE <i>John B. Morgan</i> ADDRESS <i>Oakland Md</i> DATE SIGNED <i>5/18/51</i>					
23. BURIAL, CREMATION REMOVAL, (Specify) <i>Burial</i>		DATE THEREOF <i>05/19/1951</i>		NAME OF CEMETERY OR CREMATORIAL <i>Pleasant Valley Cemetery</i> LOCATION (City, town, or county) (State) <i>Mt. Lake Park, Md</i>	
DATE REC'D BY LOCAL REG. <i>5/17/51</i>		REGISTRAR'S SIGNATURE <i>Julia Mawhan</i>		24. FUNERAL DIRECTOR <i>Emory A. Bolder</i> ADDRESS <i>Oakland, Md.</i>	

REFEVIEWED
MAY 28 1951
BUREAU X-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

049986

Reg. Dist. No.

1. PLACE OF DEATH COUNTY GARRETT			2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN OAKLAND			LENGTH OF STAY (in this place) 14 DAYS		
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOS.			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACCIDENT		
3. NAME OF DECEASED (First) MAUDE (Middle)			4. DATE OF DEATH MAY 9 1951		
(Last) SCHLOSNAGLE			5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			8. DATE OF BIRTH 5/7/1891		
10b. KIND OF BUSINESS OR INDUSTRY			9. AGE last birthday 60 yrs.	11. BIRTHPLACE (State or foreign country) ACCIDENT, MARYLAND	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME SPOERLEIN, JOHN			14. MOTHER'S MAIDEN NAME DODGE, DORA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS HOWARD SCHLOSNAGLE, ACCIDENT MARYLAND		
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Cerebral Vascular Accident 420.0 Antecedent cause(s) (b) HYPER TENSION Diseases or conditions, if any, giving rise to the above cause 93d stating the underlying cause last (c) Sclerotic heart Disease					
5 days 2 weeks INTERVAL BETWEEN ONSET AND DEATH					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-50, 19....., to 5-9, 1951, that I last saw the deceased alive on 5-9, 1951 and that death occurred at 5:10 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED James W. Lester Jr. m.d. 58 and st Oakland, Md 5-9-51					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5-11-1951		NAME OF CEMETERY OR CREMATORIAL Southern Church Yard	
DATE REC'D BY LOCAL REG. 5-11-1951		REGISTRAR'S SIGNATURE Julia J. Brown		LOCATION (City, town, or county) (State) Accident Med	
24. FUNERAL DIRECTOR				ADDRESS	

RECEIVED
MAY 28 1954
BUREAU Y-5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05350

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

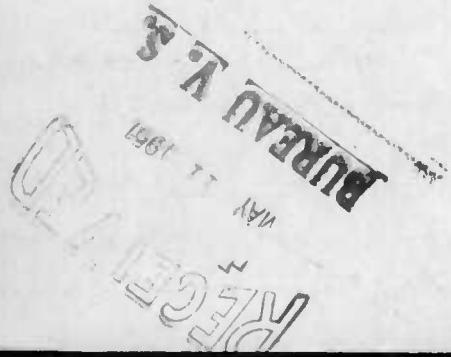
1. PLACE OF DEATH COUNTY Garrett		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Allegany	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural, give location)	
TOWN Mt. Lake Park		10 days		TOWN Cumberland,		not known	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home							
3. NAME OF DECEASED (Type or Print)	(First) Lucy	(Middle) Alice	(Last) Schneider	4. DATE OF DEATH	(Month) May	(Day) 19	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED (Specify) Widowed	8. DATE OF BIRTH 1/4/1875	9. AGE last birthday 76	If under 1 year Months yrs.	If under 24 hrs. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----	
17. INFORMANT AND ADDRESS Mrs. William Evans		18. MEDICAL CERTIFICATION		19. DATE OF OPERATION		Md.	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH 12 May 51	
Immediate cause 443X		(a) Cerebro-vascular Accident					
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last 93d		(b) Hypertensive cardio-vascular disease					
		(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY		(CITY OR TOWN) Oakland, Md.		(COUNTY) Oakland	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m.		HOW DID INJURY OCCUR? Not White At work <input type="checkbox"/>		(STATE) Md.	
22. I hereby certify that I attended the deceased from 9 May, 1951 , to 19 May, 1951 , that I last saw the deceased alive on 18 May, 1951 , and that death occurred at 6:45 A.m. , from the causes and on the date stated above.		SIGNATURE Thomas J. Dashiell, M.D.		ADDRESS Oakland, Md.		DATE SIGNED 20 May 51	
23. BURIAL, CREMATION OR REMOVAL (Specify) Burial		DATE THEREOF 5/23/1951		NAME OF CEMETERY OR CREMATORIAL Oakland Cemetery		LOCATION (City, town, or county) Oakland, Maryland.	
DATE REC'D BY LOCAL REG. # 5/33/51		REG. # Julia M. Norwood		REG. # Herbert C. Leighton		ADDRESS Oakland, Md.	
REG. # 5/33/51		REG. # Julia M. Norwood		REG. # Herbert C. Leighton		ADDRESS Oakland, Md.	

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BUREAU U. S.
1951

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PURCHASED
MAY 11 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04911

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland				
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Deer Park,			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Deer Park,				
LENGTH OF STAY 83 yrs.			(If rural, give location) STREET ADDRESS 6 Mi. S W Deer Park, Md.				
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Mrs. J. W. King							
3. NAME OF DECEASED (Type or Print)	(First) Fannie	(Middle) Belle	(Last) Wildesen	4. DATE OF DEATH May 24, 1951	(Month) May	(Day) 24	(Year) 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single	8. DATE OF BIRTH 10/3/1867	9. AGE last birthday 83 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work			10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Charles William Wildesen			14. MOTHER'S MAIDEN NAME Mary Catherine Thompson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT AND ADDRESS Lamoyne King Deer Park, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause
420.1(a) **Coronary Heart Disease**INTERVAL BETWEEN
ONSET AND DEATH
1 day

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last
940(b) **Arterio sclerosis****10 years**

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19h. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **23 May 1951**, to **24 May 1951**, that I last saw the deceasedalive on **May 23, 1951**, and that death occurred at **11:00 A.m.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/27/1951	NAME OF CEMETERY OR CREMATORIAL White Church Cemetery	LOCATION (City, town, or county) near Deer Park, Md.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR Herbert C. Leighton	ADDRESS Oakland, Md.

RECEIVED

JUN 4 1951

BUREAU V. S.